

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007811

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 281

Primary Registration District No. 84

Registrar's No. 84

VS 300  
Rev. 4/59

10740

20740

3

4 0

5 1

6

7 1

8 0

9610X

10

11

1290-0

131-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY **Nodaway**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Burlington Junction**

Length of stay in 1b  
**8 yrs**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Home**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Nodaway**

c. CITY OR TOWN **Burlington Junction**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**none**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First **George** Middle **Hix** Last **Lewis**

4. DATE OF DEATH  
Month **February** Day **12** Year **1963**

5. SEX  
**male**

6. COLOR OR RACE  
**white**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**8/20/1873**

9. AGE (last birthday)  
**89**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired farmer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Farming**

11. BIRTHPLACE (City and state or country)  
**Nelson County, Ky**

12. CITIZEN OF WHAT COUNTRY  
**US**

13a. FATHER'S NAME

**Amos Lewis**

13b. MOTHER'S MAIDEN NAME

**Cynthia Thompson**

14. NAME OF HUSBAND OR WIFE

**Jane Lewis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

16. INFORMANT

Address  
**Mrs Jane Lewis Burlington Jct Mo**

18. CAUSE OF DEATH (Enter only one cause per line for the (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Chronic Prostatic Obstruction**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**C. Nephritis**

DUE TO (c)

**5-7 yrs**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY  
Hour ☐ a.m. ☐ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1955** to **1963** and last saw her alive on **2/11/63**  
Death occurred at **1:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**[Signature]**

22b. ADDRESS

**Marionville, Mo**

22c. DATE SIGNED

**2/12/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

23b. DATE

**2/13/63**

23c. NAME OF CEMETERY OR CREMATORY

**English Grove**

23d. LOCATION (City, town, or county)

**Fairfax (Rural) Mo**

24. FUNERAL DIRECTOR

**J R Hann**

ADDRESS

**Burlington Jct Mo 2 12 63**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Bess Holt**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2965

P. O. Address Burlington, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.